

Status: Finalized

## I. Center Identification

Organization Name: SURGERY CENTER OF EYE SPECIALISTS OF INDIANA

Street Address: 1901 N. Meridian Street

City: Indianpolis

County: Marion

Administrator Name: Jennifer Knepp

Administrator Email: jknepp@esicare.org

ASC Web Address: eyespecialistsofindiana.com

Fiscal Year: 2015

Accredited: • Yes • No

Name of Accrediting Body: AAAHC

Deemed Status: Yes No

Corporate Tax Status: • For Profit • Non Profit

## II. Identification of Surgical Resources

| Number of operating rooms | 2 |  |
|---------------------------|---|--|
| Number of procedure rooms | 1 |  |

## III. Utilization Statistics

| Time Period                                 | Number of Patients | Number of Procedures |
|---|--------------------|----------------------|
| Persons Served in twelve-month period       | 10482              | 10482                |
| B. Ten Most Frequent Surgical Procedures Pe | orformed           | Total Procedures     |
| 66984                                       |                    | 6332                 |
| 66982                                       |                    | 766                  |
| 66821                                       |                    | 3364                 |
|   |                    |                      |

## IV. Outcomes from Surgical Procedures

| Number of patients with a Post-Surgical wound infection within 30 days following | 0 |
|--|---|
| a surgical encounter.  |   |